

FILED 28 APR 2015 15:04 USDC ORP

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON  
PORTLAND DIVISION

Robert west

(Enter full name of plaintiff(s))

Plaintiff(s),

v.

Mayor Hales  
Chief Reese

(Enter full name of ALL defendant(s))

150 OFFICERS

Defendant(s).

I, Robert west, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare than I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions:

1. Are you currently incarcerated?  Yes  No

If "Yes" state the place of your incarceration: \_\_\_\_\_

If "Yes" and you are filing a civil action, have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account showing transactions for the past six (6) months.

2. Are you currently employed?  Yes  No  Self-employed

a. If the answer is "Yes," state:

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Amount of take-home pay or wages: \$ \_\_\_\_\_ per \_\_\_\_\_ (specify pay period)

- b. If the answer is "No," state:

Name of last employer: \_\_\_\_\_

Address of last employer: \_\_\_\_\_

Date of last employment: \_\_\_\_\_

Amount of take-home salary or wages: \$ \_\_\_\_\_ per \_\_\_\_\_ (*specify pay period*)

3. Is your spouse or significant-other employed?  Yes  No  Self-employed  Not applicable  
If the answer is "Yes," state:

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Amount of take-home pay or wages: \$ \_\_\_\_\_ per \_\_\_\_\_ (*specify pay period*)

4. In the past 12 months have you received any money from any of the following sources?

- a. Business, profession or other self-employment  Yes  No

If "Yes," state: Amount received: \$ \_\_\_\_\_

Amount expected in future: \$ \_\_\_\_\_

- b. Rent payments, interest, or dividends  Yes  No

If "Yes," state: Amount received: \$ \_\_\_\_\_

Amount expected in future: \$ \_\_\_\_\_

- c. Pensions, annuities, or life insurance payments  Yes  No

If "Yes," state: Amount received: \$ \_\_\_\_\_

Amount expected in future: \$ \_\_\_\_\_

- d. Disability or workers compensation payments  Yes  No

If "Yes," state: Amount received: \$ 700

Amount expected in future: \$ \_\_\_\_\_

- e. Gifts or inheritances  Yes  No

If "Yes," state: Amount received: \$ \_\_\_\_\_

Amount expected in future: \$ \_\_\_\_\_

- f. Any other sources  Yes  No

If "Yes," state: Source: \_\_\_\_\_

Amount received: \$ \_\_\_\_\_

Amount expected in future: \$ \_\_\_\_\_

5. Do you have cash or checking or savings accounts?  Yes  No  
(including prison trust accounts)?

If "Yes," state the total amount: \$500

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?  Yes  No

If "Yes," describe the asset(s) and state the value of each asset listed.

Car

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7. Do you have any other assets?  Yes  No

If "Yes," list the asset(s) and state the value of each asset listed.

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8. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses?  Yes  No

If "Yes," describe and provide the amount of the monthly expense.

Insurance \$200

Gas 100

Rent

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9. List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NIA

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10. Do you have any debts or financial obligations?  Yes  No

If "Yes," describe the amounts owed and to whom they are payable.

credit cards 1,500

**If I am incarcerated, I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments toward the full filing fee of \$350.00 for a prisoner civil rights complaint in accordance with 28 U.S.C. § 1915(b).**

I declare under penalty of perjury that the above information is true and correct.

4/28/2015

DATE



SIGNATURE OF APPLICANT

Robert Lee West

PRINTED NAME OF APPLICANT

**CERTIFICATE**

(To be completed by the institution of incarceration.)

I certify that the applicant named herein has the sum of \$ \_\_\_\_\_ on account to his/her credit at \_\_\_\_\_ (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ \_\_\_\_\_. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ \_\_\_\_\_.

**I have attached a certified copy of the applicant's trust account statement showing the transactions for the past six months.**

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DATE

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SIGNATURE OF AUTHORIZED OFFICER